

# Shortened Review Request Form

Form E

(To be filled out and signed by the **Lead Agency** and submitted with project documents to SCH)

**To:** State Clearinghouse  
P.O. Box 3044  
Sacramento, CA 95812-3044

**From:** \_\_\_\_\_  
*Lead Agency:*

\_\_\_\_\_  
*Address*

Phone #: (     ) \_\_\_\_\_

SCH # \_\_\_\_\_

Contact: \_\_\_\_\_

Project Title: \_\_\_\_\_

Project Location: \_\_\_\_\_  
*City* *County*

**Explain "exceptional circumstances" (CEQA, Section 15205(d)) for requesting a shortened review:**

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**List responsible and trustee state agencies, as well as any agencies that have commented on the project**

*(Send advance copies of the document to these agencies):*

_____	_____
_____	_____
_____	_____

As designated representative for the lead agency, I verify, in their behalf, that there is no "statewide, regional, or areawide significance" to this project. (Attach a copy of the resolution or ordinance from the decision-making body of the lead agency which designates the requestor's authority.)

Length of review being requested: \_\_\_\_\_ days

Today's date: \_\_\_\_\_

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Signature*

*As of January 2000*